

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-15-2000 90198 048 ***150.00

DOCUMENT # P99000083189

1. Entity Name

RLH PIZZA, INC.

R

Principal Place of Business

1404 TUSCA TRAIL
 WINTER SPRINGS FL 32708

Mailing Address

1404 TUSCA TRAIL
 WINTER SPRINGS FL 32708-3900

2. Principal Place of Business

~~2826 Parkland Dr.~~

3. Mailing Address

2826 Parkland Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

140 WSR 46

Orlando, FL

City & State

City & State

Geneva, FL

Zip

Country

Zip

Country

32732

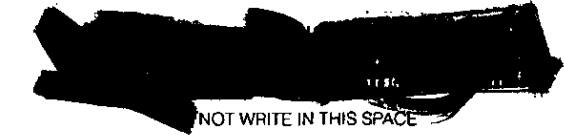
USA

32803

USA

6. Name and Address of Current Registered Agent

HAHN, REBECCA L
 1404 TUSCA TRAIL
 WINTER SPRINGS FL 32708



NOT WRITE IN THIS SPACE

4. FEI Number
 59-3602770

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **HAHN, REBECCA L**
 STREET ADDRESS **1404 TUSCA TRAIL**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

R. HAHN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-00

Date

407-760-0013

Daytime Phone #

CP2E034 (9/99)